



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
CERTIFICATE OF VALUATION

INSURANCE COMPANY NAME	DATE
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INSURANCE COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

I, the Director of the Department of Insurance of the State of Missouri, do hereby certify that I have cause to be made a valuation of all policies issued or assumed by the above named insurance company and remaining in force on **December 31**, _____ on the following basis.

ALL BUSINESSES (LIFE)

(1) MORTALITY TABLE	(2) AMOUNT OF INS.	(3) RESERVE
1941		
1958		
1980		
OTHER		

	ALL BUSINESS
4. NUMBER OF POLICIES	\$
5. INSURANCE IN FORCE (AGREE WITH #2 ABOVE)	\$
6. VALUE OF OUTSTANDING POLICIES (AGREE WITH #3 ABOVE)	\$
7. PLUS VALUE OF ANN. & SUPP. CONTRACT INVOLVING LIFE CONTINGENCIES	\$
8. TOTAL	\$
9. LESS RESERVE ON REINSURED POLICIES	\$
10. TOTAL EXTRA RESERVE TO BE ADDED	\$
11. TOTAL POLICY CREDIT RESERVES TO BE DEDUCTED	\$
12. AMOUNT OF NET POLICY RESERVES	\$

COMPANY PRESIDENT NAME (TYPE)	COMPANY ACTUARY NAME (TYPE)
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The specified President and Actuary of the designated insurance company hereby certify that the above information has been compiled from the records of the company and to our best knowledge and belief constitutes a correct and complete valuation of ALL SUCH policies issued or assumed by the company.

SIGNATURE, COMPANY PRESIDENT	SIGNATURE, COMPANY ACTUARY
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NOTARY PUBLIC			
NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

COMPLETED BY DEPARTMENT OF INSURANCE		
13. CAPITAL DEPOSIT REQUIRED FOR SECURITY OF POLICYHOLDERS, MARKET VALUE	\$	600,000
14. MARKET VALUE CAPITAL DEPOSIT FOR SECURITY OF POLICYHOLDERS	\$	
15. OTHER DEPOSITS	\$	
16. TOTAL AMOUNT ON DEPOSIT WITH THIS DEPARTMENT (ADD LINES 14 AND 15)	\$	

SEAL OF MISSOURI DEPARTMENT OF INSURANCE	I certify that the said insurance company has on deposit with this Department on December 31 , _____, approved securities as required by law.
	MISSOURI INSURANCE DIRECTOR SIGNATURE DATE

INSTRUCTIONS FOR COMPLETING CERTIFICATE OF VALUATION REPORT

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|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Mortality Table | Page 13, Life (A), Column 1 |
| 2. Amount of Insurance | Page 25, Line 20, Column 10 |
| 3. Reserves | Page 13 Life A, Column 2 (Gross) (019997) |
| 4. Number of Policies | Page 25, Line 20, Column 3 |
| 5. Insurance In Force | Page 25, Line 20, Column 10
(Must Agree with 2 Above) |
| 6. Value of Outstanding Policies | Page 13, Life (A) Column 2 (Gross)
(Must Agree with 3 Above) |
| 7. Annuities & Supplemental
Contracts (Involving Life) | Page 13, Annuity (B)-Gross Column 2 (029997)
Supplemental Contracts (C)-Gross Column 2 (039997) |
| 9. Reinsurance Reserves | Page 13, Ceded Life (A), Annuities (B)
Supplemental Contracts (C) Column 2 (019998 +
+ 029998 + 039998) |
| 10. Extra Reserves | Page 13, Accidental Death (D) (049999)
Disability Active Living (E) (059999)
Disability - Disabled (F) (069999)
Miscellaneous (G), All Net Reserves (079999)
and Page 3, Column 1, Line 3, 5 & 15. |
| 11. Credits | Page 2, Column 1, Line 5 and 14 |